RECEIVED
CENTRAL FAX CENTER
MAR 1 6 2009

FACSIMILE TRANSMISSION

To:

Mail Stop:

UNITED STATES PATENT AND TRADEMARK OFFICE

Facsimile No.: 571-273-8300

No. of Pages (including this page): 15

IF YOU DO NOT RECEIVE CLEARLY ALL PAGES, PLEASE CONTACT US IMMEDIATELY BY TELEPHONE AT (202) 543-6404

USPTO: PLEASE <u>ACKNOWLEDGE</u> CLEAR RECEIPT OF ALL PAGES INDICATED ABOVE BY FAXING THIS PAGE BACK TO (202) 543-6406

In re: PATENT APPLICATION of:

Inventor(s): GHINI et al.

Atty. Dkt.

2545-0512

Appln.

10/590,173

Group Art::

3782

No.:

Filed:

August 18, 2006

Examiner:

Demeree,

Christopher

Title:

A Folded Blank for the Manufacture of a Rigid

Date:

March 16, 2009

Name of paper being transmitted:

Wrapper

Amendment transmittal fee sheet and amenmdent

Message: See attached

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office at the above fax number on the date shown below.

Name:

Timothy J. Klima

Sig:

Date:

March 16, 2009

Harbin Klima Law Group PLLC 500 Ninth Street, SE Washington, DC 20003 (202) 543-6404 Phone (202) 543-6406 Fax

Received

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE CENTRAL FAX CENTER

MAR 16 2009

In re: PATENT APPLICATION of:

Inventor(s):

GHINI et al.

Atty. Dkt.

2545-0512

Appln. No.:

10 / 590,173

Group Art::

3782

Filed:

August 18, 2006

Examiner:

Demeree,

Christopher

Title:

A Folded Blank for the Manufacture of a Rigid

Date:

March 16, 2009

Wrapper

REPLY/AMENDMENT/LETTER TRANSMITTAL COVER SHEET

Mail Stop:

Hon. Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

This is a reply/amendment/letter in the above-identified application and includes the attachments hereto. The signature below is treated as the signature to the attachments in the absence of a signature thereto.

FEE REQUIREMENTS FOR CLAIMS AS AMENDED

			•	
			Large/Small Entity	
21	Minus # Paid For 0 =	1	X \$52 / \$26 =	+52
	Minus # Paid For =		X \$220 / \$110 =	+
			\$390 / \$195 =	+
ch 16, 2	009			
cover the date this response is filed for which the requisite fee 2 1 3 1 4 1		1 mo. 2 mos. 3 mos. 4 mos.	\$130 / \$65 = \$490 / \$245 = \$1110 / \$555 = \$1730 / \$865 =	+490
5. Petition Fee			\$130	+
7. Other fee for				+
8. Total Fee Enclosed:				\$542
	per multi (leave the ch 16, 2)	Minus # Paid For = oer multiple dependent claim(s) into this (leave this line blank if this is reissue a) ch 16, 2009 to extend the original due date to	Minus # Paid For = Deer multiple dependent claim(s) into this (leave this line blank if this is reissue application) Ch 16, 2009 1 mo. 2 mos. 3 mos. 3 mos.	21 Minus # Paid For $0 = 1$ $X $52 / $26 = 1$ Minus # Paid For $0 = 1$ $X $220 / $110 = 1$ Deer multiple dependent claim(s) into this (leave this line blank if this is reissue application) The extend the original due date to 1 mo. 2 mos. 3 mos. 490 / \$245 = 3 mos. 4 mos. \$1110 / \$555 = 1730 / \$865 = 1730

9. 🛛 Please charge the total fee to our Deposit Account No.: 50-3272 under our Order No. (Matter No.): 2545-0512

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any naner filed hereafter and which may be required under Dales 16 10 /2:--! /. .